Q)

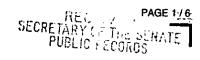
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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee



14 JUL 18 AM 9: 24

Office Use Only

	"		O I I	ac osc only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5		
Citizens for Josh Mandel, Inc.					
	50 W Broad Street				
ADDRESS (number and street) Check if different than previously reported. (ACC)	I Suite 1900	Suite 1900			
	Columbus		OH 4321	5-5929	
2. FEC IDENTIFICATION NUMBER ▼ CITY STATE ZIP CODE STATE					
C C00494930	3. IS T	HIS 🙀 NEW	(T) AMENDED	STATE ▼ DISTRICT	
	REP		AMENDED (A)	104 100 1	
·					
4. TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the:					
(a) Quarterly Reports:	(3) 12 34		(-	المنتقار المنتقار	
April 15 Quarterly F	Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)	
July 15 Quarterly Report (Q2) Convention (12C) Special (12S)					
Suly 19 Quarterly H	eport (G2)	M M / O V O			
October 15 Quarter	ty Report (Q3) Elect	ion on		in the State of	
January 31 Year-En	d Report (YE) (c) 30-Da	ay POST-Election Report for t	he:		
		General (30G)	Runoff (30R)	Special (30S)	
Termination Report	· ·	M M / D D	\ <u> </u>	in the	
	Elect	ion on	<u> </u>	State of	
	M / PYP / TYTY		M / [6,0] / [7,	<u> </u>	
5. Covering Period 04	2014	through0	6 30	2014	
I certify that I have examined the	o Congress and to the head of				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kathryn D. Kessler					
Type or Print Name of Treasurer Kathryn D. Kessler					
Signature of Treasurer					
Date Date					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
Office Use					
Only			FI	EC FORM 3	